RATES: HEALTH INSUR	ANCE PROGRAMS				Section 3.4-7
		Active Emplo	yee Rates		
		ffective Janu			
Please replace Section 3.4	-7 of the State of Rhode Islan	d Payroll Manua	al with the new schedule	effective for pay period	
	2, and paid on January 06, 20				
				20 Pay Pd	
	Annual	Monthly	Biweekly	Employees	
Madical Disc					
Medical Plan Individual	\$6,558.46	\$546.54	\$252.25	\$327.92	
Family	\$18,385.87	\$1,532.16	\$707.15	\$919.29	
Dental Plan					
Individual	\$370.20	\$30.85	\$14.24	\$18.51	
Family	\$1,036.32	\$86.36	\$39.86	\$51.82	
Vision Plan					
Individual	\$83.40	\$6.95	\$3.21	\$4.17	
Family	\$176.88	\$14.74	\$6.80	\$8.84	
Medical, Dental, and Visi	on				
Individual	\$7,012.06	\$584.34	\$269.70	\$350.60	
Family	\$19,599.07	\$1,633.26	\$753.81	\$979.95	

RATES: HEALTH INSURANCE PROG	GRAMS					Section 3.4-7
Active Emp	oyee Rates -	<b>Employee C</b>	o-Share (Per	cent of Prem	ium Based)	
-		Effective Jan	uary 1, 2012		-	
Please replace Section 3.4-7 of the Sta	te of Rhode Isla	nd Payroll Manu	al with the new	schedule effecti	ve for pay period	
beginning January 01, 2012, and paid of	012.					
FULL TIME	<u>Percentage</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>	
<u>Individual</u>						
Less than \$95,481	20%	\$50.45	\$2.85	\$0.64	\$53.94	
\$95,481 and above	25%	\$63.06	\$3.56	\$0.80	\$67.42	
<u>Family</u>						
Less than \$47,741	15%	\$106.07	\$5.98	\$1.02	\$113.07	
\$47,741 to less than \$95,481	20%	\$141.43	\$7.97	\$1.36	\$150.76	
\$95,481 and above	25%	\$176.79	\$9.97	\$1.70	\$188.46	
	PART TIME (Based on Annu		e)			
<u>Individual</u>						
Less than \$90,000 209		\$50.45	\$2.85	\$0.64	\$53.94	
\$90,000 and above 35%		\$88.29	\$4.98	\$1.12	\$94.39	
<u>Family</u>						
Less than \$90,000 20%		\$141.43	\$7.97	\$1.36	\$150.76	
\$90,000 and above 35%		\$247.50	\$13.95	\$2.38	\$263.83	